

CITY OF LANSING DEPARTMENT OF HUMAN RESOURCES

124 W. Michigan Ave 8th Floor, City Hall Lansing, Michigan 48933

Benefits/Classifications Labor Relations/Recruitment Safety/Selection/Training Worker's Compensation (517) 483-4004 (Voice/TDD) (517) 483-4490 (Jobs Hotline) (517) 483-6064 (Fax) www.lansingmi.gov

Mayor Virg Bernero

Background Check Authorization Form

Dear Applicant/Employee:

As part of the selection process for this position check authorization listed below. This information Resources 8 th Floor City Hall, 124 West Michigan matter. Please call us at (517) 483-4004 if you	ion must be returned with yo an Avenue, Lansing, MI 4893	ur application to the Departm	nent of Human
	Date: _		
I,	ory to the City of Lansing De age will not be made a part of	partment of Human Resource	ces. I understand
I acknowledge that the City will complete a Criminal Conviction Record Check and Secreta		n, including but not limited	to a State Police
I further understand that the City of Lansing terminate employment based upon the results of		draw any conditional offer	of employment o
	Sigr	ature	
(Please Print) First Middle	Last		Name
Other name(s) you may have worked under or			
Date of Birth:/ /			
Ethnicity Driver License #:	Тур	e of Drivers License	
Driver License Expiration Date	Do you have a CDL	License?	
If so, what type and what endorsements:			
Position applied for?		Driving required: Y	es No
For office use only: New Volunteer			